



STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES



Dannel P. Malloy
GOVERNOR

Peter H. O'Meara
COMMISSIONER
Kathryn du Pree
DEPUTY COMMISSIONER

Community Residential Facility Loan Application

Purpose of loan:

- ☐ Construction
☐ Rehabilitation

- ☐ Purchase/Renovation
☐ Refinance (December, 1983)

Amount Requested: \$ No. of Months

TOTAL Project Cost: \$

No. of Beds

Source of other funds:

Legal Name of Corporation:

Address:

Town/Zip:

Date of Incorporation:

Is this a Non-Profit Corporation? (Y/N) Yes

Name of Person Responsible for Project:

Proposed State Date of Project:

Proposed Completion Date:

Indicate the Region where this project will be located:

Will this mortgage be subordinate to another mortgage? _____

Please list mortgages held by your corporation:

Addresses

\$ Balance

Please complete the application section:

A. Construction:

Property Address:

City/Town:

Architect's Name:

Estimated of Total Project Development Cost

A)	Land	\$
B)	Professional	\$
C)	Construction Costs	\$
D)	Equipment & Furnishings	\$
E)	Other (specify)	\$
Total		\$

Please attach a copy of the project plans and specifications.

B. Purchase/Renovation

C. Property Address:

City/Town:

Please describe the proposed renovation(s) and its purpose(s).

Purchase Price	\$
Furniture/Equipment:	\$
Renovation	\$
Closing Costs	\$
Other (specify)	\$
Total Payment Costs	\$

Lowest of three bids supplied by contractors for renovation(s) \$

D. REHABILITATION

Property Address:

City/Town: \$

Purpose of rehabilitation (check as applicable):

☐ To meet physical plant requirements for licensure

☐ to meet ICF/MR Certification Requirements

☐ to make energy conservation improvements

Please describe the proposed rehabilitation.

Lowest of three bids supplied by contractors: \$

E. REFINANCE (DECEMBER, 1983)

Current Mortgage Balance: \$

Name of Institution:

PLEASE BE SURE THAT THE FOLLOWING MATERIAL ARE ENCLOSED WITH THE
APPROPRIATE LOAN APPLICATION.

CORPORATION'S LATEST FINANCIAL AUDIT
STRUCTUARL SURVEY
APPRAISAL (S)

Signature Authorized Agency Officer

Date